

**Washington State Department of Health  
Office of Emergency Medical and Trauma System  
Emergency Medical Technician-Intermediate Curricula**

**APPENDIX H**

**EMT-INTERMEDIATE  
Practical Evaluation Guidelines  
and Skill Sheets**

## FLOW CHART OF THE EMT-INTERMEDIATE LIFE SUPPORT COURSE PRACTICAL SKILL EVALUATION PROCESS

### Step # 1

**EMT-I Students** must demonstrate proficiency on practical skills identified for each lesson using practical evaluation skill sheets identified on page H-6. Some skill sheets are used multiple times throughout the course. (EVALUATION LESSONS MAY BE COMBINED WITH PRACTICAL SKILL LABS TO MEET THIS REQUIREMENT). Students **must** achieve the required score for each skill listed on page H-35, **and** receive **NO** check marks in the Critical Criteria section.

MPD-approved Evaluators must complete all evaluations.

### Step # 2

**EMT-I Students** must complete clinical/field rotations prior to entrance to the comprehensive end of course evaluation. Information regarding clinical and field rotations is located on pages H-3 and H-4.

### Step # 3

**EMT-I Students** must complete the INDIVIDUAL COMPREHENSIVE END OF COURSE PRACTICAL SKILLS EVALUATION using the role play model identified on H-5, and skill sheets on pages H-29 and H-31. MPD-approved Evaluators must complete all evaluations.

### Step # 4

**EMT-I Students:** Instructors must issue a CERTIFICATE of COURSE COMPLETION attesting to student competency for the student to be eligible to take the Washington State written certification examination. Prior to issuing the certificate, Instructors must verify the student's:

1. Comprehensive cognitive, affective and psychomotor abilities.
2. Successful completion of the clinical/field rotation following the procedures identified on pages H-3 and H-4.

### Step # 5

**EMT-I Students:** Following receipt of an Instructor-issued Certificate of Course Completion, the student is eligible to take the Washington State written certification examination.

# **NARRATIVE OF THE EMT-INTERMEDIATE COURSE PRACTICAL SKILL EVALUATION PROCESS**

## **Step # 1 - PRACTICAL SKILL EVALUATIONS**

The practical skill evaluation sheets provided in this appendix are to be used in conjunction with the core curriculum and are organized in the order of the corresponding lessons. They should be copied and provided to each student at the beginning of the training course and are to be used to document the performance of required skills evaluations throughout the training course and during the Comprehensive End of Course Evaluation.

### **Required Practical skill Evaluations**

Students must demonstrate proficiency on practical skills identified for each “evaluation lesson” using the required practical skill evaluation sheets specified for that lesson on page H-6.

Some skill sheets are used multiple times throughout the course. (EVALUATION LESSONS MAY BE COMBINED WITH PRACTICAL SKILL LABS TO MEET THIS REQUIREMENT).

MPD-approved Evaluators must complete all evaluations.

### **Individual Practical skill Evaluation Sheets**

The individual practical skill evaluation sheets located on pages H-7 through H-27 are to be used to document the performance of students during course practical skill evaluations. MPD-approved Evaluators must complete all evaluations. Evaluator names and signatures must appear on each evaluation. All practical skill evaluations must be successfully completed before participating in the Comprehensive End of Course Evaluation. Students **must** achieve the required score for each skill listed on page H-35, **and** receive **NO** check marks in the Critical Criteria section.

### **Individual Comprehensive End of Course Evaluation Skill Sheets**

The Comprehensive End of Course Evaluation skill sheets located on pages H-29 and H-31 are to be used to document the performance of each student during the Individual Comprehensive End of Course Evaluation. MPD-approved Evaluators must complete all evaluations.

### **EMT-I Course Practical Skills Evaluation & Individual Comprehensive Course Evaluation Summary Sheet**

The Practical Skills Evaluation and Individual Comprehensive Course Evaluation Summary Sheet located on page H-33 is to be used to document the final results of each student's performance following individual practical skill evaluations and the Comprehensive End of Course Evaluation. The instructor or MPD signature is required on the Practical skill Evaluation and Comprehensive End Of Course Evaluation Summary Sheet.

## **Step # 2 - CLINICAL/FIELD ROTATIONS**

In addition to the hours of instruction and practical skill evaluations, this course requires that the student successfully complete patient interactions in a clinical setting. The training course may utilize emergency departments, clinics or physician offices. The program director or medical director must establish appropriate relationships with various clinical sites to assure adequate contact with patients and initiate written agreements with each clinical/field site.

## Appendix H - ILS Practical Skill Evaluation Skill Sheets

The student should interview and assess a minimum of the clinical/field experiences listed below. In addition, the student should record the patient history and assessment on a prehospital care report; i.e., Washington State Medical Incident Report (MIR), just as if interacting with this patient in a field setting. The prehospital care report should then be reviewed by the Primary Instructor to assure competent documentation practices in accordance with minimum data requirements. The training course must establish a feedback system to assure that students have acted safely and professionally during their training. **Students should receive a written report of their performance by clinical or ambulance staff.**

Clinical/Field Internship requirements				
Internship Type	IV Techs	AW Techs	ILS Techs only	ILS/AW Techs only
Clinical Internship requirements <b>NOTE: It is recommended that some IV insertions and/or ET intubations be accomplished during the field internship. Competency for all skills is determined by the County Medical Program Director.</b>	10 IV insertions on Humans. At the option of the MPD, 5 may be performed on training aids.  <b>Lab skill proficiency required in:</b> <ul style="list-style-type: none"><li>• IO line placement</li></ul>	10 ET intubations on Humans. At the option of the MPD, 5 may be performed on training aids.  <b>Lab skill proficiency required in:</b> <ul style="list-style-type: none"><li>• ML-AWs</li></ul>	10 IV insertions on Humans. At the option of the MPD, 5 may be performed on training aids.  <b>Lab skill proficiency required in:</b> <ul style="list-style-type: none"><li>• IO placement</li><li>• ML-AWs</li><li>• Medication Administration</li></ul>	10 IV insertions on Humans. At the option of the MPD, 5 may be performed on training aids. 10 ET intubations on Humans. At the option of the MPD, 5 may be performed on training aids.  <b>Lab skill proficiency required in:</b> <ul style="list-style-type: none"><li>• IO placement</li><li>• ML-AWs</li><li>• Medication Administration</li></ul>
Field internship	Competency Determined By the County Medical Program Director			

**Note: Students must complete clinical/field rotations prior to entrance to the Individual Comprehensive End of Course Evaluation.**

Students who have been reported to have difficulty in the clinical or field setting must receive remediation and redirection. Students should be required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the County Medical Program Director.

### Step # 3 - INDIVIDUAL COMPREHENSIVE END OF COURSE EVALUATION

The purpose of the Comprehensive End of Course Evaluation is to combine cognitive knowledge and practical skills learned during the course to provide emergency care as if responding to a real field situation. This evaluation is intended to be general rather than specific in nature to determine if the team has the basic knowledge and skill necessary to perform adequately during an EMS emergency.

The EMT-I Individual Comprehensive End of Course Evaluation is conducted in an individual evaluation format using a BLS assistant as necessary to provide emergency care to the patient.

- Only the individual student will be evaluated, not the BLS assistant. The assistant is provided to assist the EMT-I with BLS procedures as if they were part of the response team.

- The Comprehensive End of Course Evaluation should be designed to be a realistic experience for the students. The instructor is responsible for developing specific medical and trauma scenarios to be used by the students during the Individual Comprehensive End of Course Evaluation.
- The scenarios developed will not include any prescribed medications that could be administered by EMT-Basic assistants. The student and their assistant must perform appropriate patient care.
- If appropriate care is not provided, remediation and repeat of a station will be necessary.

### **ROLE PLAY MODEL**

Role Play is practical skill performance evaluations from written scenarios. Students may have the use of an EMT-Basic assistant. Only the individual student will be evaluated, not the EMT-B assistant. The assistant is provided to assist the EMT-I with BLS procedures as if they were part of the response team. This method must be used for the Individual Comprehensive End of Course Evaluation. Role Play is also appropriate for end of lesson evaluations and practical skill evaluations

### **SCENARIO DEVELOPMENT**

It is the instructor's responsibility to develop scenarios used in Role Play evaluation. During the scenario development, skill combinations are encouraged. For example: for the Trauma evaluation, oxygen, splinting, PASG stabilization, fluid replacement and immobilization could be combined. For the Medical evaluation, pharmacology elements could be introduced to include indications, contraindication, dosages, side effects, etc. **Scenarios for EMT-Intermediate evaluations must not include prescribed medications the EMT-B assistant might assist the patient in administering.**

### **Step # 4 - CERTIFICATE OF COURSE COMPLETION**

Instructors must issue a CERTIFICATE OF COURSE COMPLETION attesting to student competency for the student to be eligible to take the Washington State written certification examination. Prior to issuing the certificate, Instructors must verify the student's:

1. Comprehensive cognitive, affective and psychomotor abilities.
2. Successful completion on the clinical/field rotation following the procedures identified on pages H-3 and H-4.

The CERTIFICATE OF COURSE COMPLETION **MUST** include:

- Course approval number (Issued by DOH – Emergency Medical and Trauma Prevention)
- Course location
- Student's name
- Instructor's name and signature
- Course completion date

### **Step # 5 - WASHINGTON STATE WRITTEN CERTIFICATION EXAMINATION**

Following receipt of an Instructor issued Certificate of Course Completion; the student is eligible to take the Washington State written certification examination.

## REQUIRED PRACTICAL SKILL EVALUATIONS FOR THE EMT-INTERMEDIATE COURSE

Complete those skill evaluations corresponding to the  
required lessons for the certification level you are instructing

Lesson Number	LESSON TITLE	REQUIRED PRACTICAL SKILL EVALUATION SHEETS
2-2	Patient Assessment	H-7 & 9
2-4	Airway Mgmt. & Ventilation (ILS Techs ONLY)	H-11
2-5	Airway Mgmt. & Ventilation (Airway and ILS/Airway Techs ONLY)	H-11 & 13
2-6	Assessment and Management of Shock	H-9
2-7	Intravenous and Intraosseous Line Placement	H-15 & 17
3-1	Pharmacology/Medical Administration	H-19, 21, 23, 25, and H-15 & 27 (as a set)
3-2	Cardiology	H-7
3-3	Medical	H-7
End of Course	Individual Comprehensive End of Course Practical Evaluation MEDICAL	H-29
End of Course	Individual Comprehensive End of Course Practical Evaluation TRAUMA	H-31

**PATIENT ASSESSMENT/MANAGEMENT - MEDICAL**  
 Scenarios must include interventions learned at the EMT Intermediate level

**Student:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

						Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions						1	
SCENE SIZE-UP							
Determines the scene is safe						1	
Determines the mechanism of injury/nature of illness						1	
Determines the number of patients						1	
Requests additional help if necessary						1	
Considers stabilization of spine						1	
INITIAL ASSESSMENT							
Verbalizes general impression of the patient						1	
Determines chief complaint/apparent life threats						1	
Determines responsiveness/level of consciousness						1	
Assesses airway and breathing		Assessment				1	
		Initiates appropriate oxygen therapy				1	
		Assures adequate ventilation				1	
Assesses circulation		Assesses/controls major bleeding				1	
		Assesses pulse				1	
		Assesses skin (color, temp, and condition)				1	
Identifies priority patients/makes transport decision						1	
FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT							
Signs and Symptoms (Assess history of present illness)						1	
Respiratory	Cardiac	Altered Level of Consciousness	Allergic Reaction	Poisoning/Overdose	Environmental Emergency	Obstetrics	Behavioral
* Onset	*Onset	*Description of the episode	*History of allergies	*Substance	*Source	*Are you pregnant?	*How do you feel?
*Provokes	*Provokes	*Onset	*What were you exposed to?	*When did you ingest or become exposed?	*Environment	*How long have you been pregnant?	*Determine suicidal tendencies
*Quality	*Quality	*Duration	*How were you exposed?	*How much did you ingest?	*Duration	*Pain or contractions	*Is the patient a threat to self or others?
*Radiates	*Radiates	*Associated symptoms	*Effects	*Over what time period?	*Loss of consciousness	*Bleeding or discharge	*Is there a medical problem?
*Severity	*Severity	*Evidence of trauma	*Progressions	*Interventions	*Effects - General or local	*Do you feel the need to push?	*Past medical history
*Time	*Time	*Interventions	*Interventions	*Estimated weight		*Last menstrual period	*Interventions
*Interventions	*Inter-ventions	*Seizures		*Effects		*Crowning	*Medications
		*Fever					

## Appendix H - ILS Practical Skill Evaluation Skill Sheets

	Points Possible	Points Awarded
<b>A</b> llergies	1	
<b>M</b> edications	1	
<b>P</b> ast medical history	1	
<b>L</b> ast meal	1	
<b>E</b> vents leading to present illness (rule out trauma)	1	
Performs focused physical examination Assesses affected body part/system or, if indicated, completes rapid assessment	1	
<b>V</b> ITALS (Obtains baseline vital signs)	1	
<b>I</b> NTERVENTIONS - Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment	1	
<b>T</b> RANSPORT (Identifies priority patients/ makes transport decisions)	1	
<b>DETAILED PHYSICAL EXAMINATION</b>		
Completes detailed physical examination	1	
<b>O</b> NGOING ASSESSMENT (verbalized)		
Repeats initial assessment	1	
Re-assesses vital signs	1	
Re-assesses all interventions	1	
<b>M</b> anagement		
Obtains medical direction or verbalizes standing orders	1	
Initiates IV therapy appropriate for the patient's condition	1	
Performs the appropriate interventions in a safe and appropriate manner according to standing orders in accordance with applicable skill sheets	1	
Transports if not already performed (Re-evaluates transport decision)	1	
<b>TOTAL:</b>	34	

### CRITICAL CRITERIA

- ☐ Did not take or verbalize body substance isolation precautions if necessary
- ☐ Did not determine scene safety
- ☐ Did not obtain medical direction or verbalize standing orders for medication interventions
- ☐ Did not provide high concentration of oxygen
- ☐ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- ☐ Did not differentiate patient's needing transportation versus continued assessment at the scene
- ☐ Does detailed or focused history/physical examination before assessing airway, breathing and circulation
- ☐ Did not ask questions about the present illness
- ☐ Did not perform IV therapy appropriate for patient's condition
- ☐ Did not perform appropriate interventions in a safe and appropriate manner according to standing orders

**You must factually document your rationale for checking any critical items below.**

### EVALUATION NOTES

**PATIENT ASSESSMENT/MANAGEMENT - TRAUMA**  
 Scenarios must include interventions learned at the EMT Intermediate level

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness/Level of consciousness		1	
<b>Assesses airway and breathing</b>	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
<b>Assesses circulation</b>	Assesses for & controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temp, and condition)	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	

## Appendix H - ILS Practical Skill Evaluation Skill Sheets

		Points Possible	Points Awarded
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial area including oral & nasal area	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates the chest	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory functions	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
<b>ONGOING ASSESSMENT (verbalized)</b>			
Repeats initial assessment		1	
Re-assesses vital signs		1	
Re-assesses all interventions		1	
<b>Management</b>			
Obtains medical direction or verbalizes standing orders		1	
Performs the appropriate interventions in a safe and appropriate manner		1	
Applies & inflates PASG at appropriate time to maintain systolic BP of 90 mmHg		1	
Establishes 2 large bore IV's of a balanced salt solution, to maintain systolic BP of 90 mmHg at the appropriate time		1	
Transports if not already performed (Re-evaluates transport decision) Transports within the 10 minute time limit		1	
<b>TOTAL:</b>		<b>46</b>	

### CRITICAL CRITERIA

- ☐ Did not take or verbalize body substance isolation precautions
- ☐ Did not determine scene safety
- ☐ Did not assess for spinal protection
- ☐ Did not provide for spinal protection when indicated
- ☐ Did not provide high concentration of oxygen
- ☐ Did not obtain medical direction or verbalize standing orders for medication interventions
- ☐ Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- ☐ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)
- ☐ Did not differentiate patient's needing transportation versus continued assessment at the scene
- ☐ Does other detailed physical examination before assessing airway, breathing and circulation
- ☐ Did not perform IV therapy appropriate for patient's condition
- ☐ Did not perform appropriate interventions in a safe and appropriate manner according to standing orders
- ☐ Did not transport patient within ten (10) minute time limit

**You must factually document your rationale for checking any critical items below.**

### EVALUATION NOTES

## MULTI-LUMEN AIRWAY DEVICE (COMBITUBE® OR PTL®)

**Student:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NOTE:** If student elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by (\*\*\*)

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
Opens airway manually		1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]		1	
<b>NOTE: Evaluator now informs student no gag reflex is present and patient accepts adjunct</b>			
**Ventilates patient immediately with BVM device unattached to oxygen		1	
**Hyperventilates patient with room air		1	
<b>NOTE: Evaluator now informs student that ventilation is being performed without difficulty</b>			
Attaches oxygen reservoir to BVM & connects to high flow oxygen [12-15 liters/min.]		1	
Ventilates patient at a rate of 10-20/min. and volumes of at least 800 ml		1	
<b>NOTE: After 30 seconds, evaluator auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a multi-lumen airway. The evaluator must now take over ventilation.</b>			
Directs assistant to hyperventilate patient		1	
Checks/prepares airway device		1	
Lubricates distal tip of the device (may be verbalized)		1	
<b>NOTE: Evaluator to remove OPA and move out of the way when student is prepared to insert device</b>			
Positions the head properly		1	
Performs a tongue-jaw lift		1	
<b>USES COMBITUBE®</b>		<b>USES PTL®</b>	
Inserts device in mid-line and to depth so printed ring is at level of teeth	Inserts device in mid-line until bite block flange is at level of teeth	1	
Inflates pharyngeal cuff with proper volume and removes syringe	Secures strap	1	
Inflates distal cuff with proper volume and removes syringe	Blows into tube #1 to adequately inflate both cuffs	1	
Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
<b>NOTE: The evaluator states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."</b>			
Attaches/directs attachment of BVM to the second (endotracheal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
<b>NOTE: Evaluator confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds</b>			
Secures device or confirms that the device remains properly secured		1	
<b>TOTAL:</b>		20	

**Complete Critical Criteria on the reverse side of this form.**

## CRITICAL CRITERIA

- \_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilation for greater than 30 seconds at any time
- \_\_\_ Failed to take or verbalize body substance isolation precautions prior to venipuncture
- \_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_ Failure to ventilate patient at rate of at least 10/minute
- \_\_\_ Failure to provide adequate volumes per ventilation [maximum 2 errors/minute permissible]
- \_\_\_ Failure to hyperventilate patient prior to placement of the multi-lumen airway device
- \_\_\_ Failure to insert the multi-lumen airway at a proper depth or at either proper place within 3 attempts
- \_\_\_ Failure to inflate both cuffs properly
- \_\_\_ **Combitube** - Failure to remove the syringe immediately after inflation of each cuff
- \_\_\_ **PTL** - Failure to secure the strap prior to inflation
- \_\_\_ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- \_\_\_ Inserts any adjunct in a manner dangerous to patient

**You must factually document your rationale for checking any of the above critical items below:**

## EVALUATION NOTES

## ENDOTRACHEAL TUBE PLACEMENT (For Airway or ILS/AW Technicians ONLY)

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** If student elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*\*” so long as the first ventilation is delivered within initial 30 seconds.

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
<b>NOTE: Evaluator now informs student no gag reflex is present and patient accepts adjunct</b>		
**Ventilates patient immediately with BVM device unattached to oxygen	1	
**Hyperventilates patient with room air	1	
<b>NOTE: Evaluator now informs student that ventilation is being performed without difficulty</b>		
Attaches oxygen reservoir to BVM device and connects to high flow oxygen regulator [12-15 liters/min.]	1	
Ventilates patient at a rate of 10-20/min. and volumes of at least 800 ml	1	
<b>NOTE: After 30 seconds, evaluator auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered intubation. The evaluator must now take over ventilation.</b>		
Directs assistant to hyperventilate patient	1	
Identifies/selects proper equipment for intubation	1	
Check equipment for: <ul style="list-style-type: none"> <li>• Cuff leaks (1 point)</li> <li>• Laryngoscope operational and bulb tight (1 point)</li> </ul>	2	
<b>NOTE: Evaluator to remove OPA and move out of the way when student is prepared to intubate</b>		
Positions the head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally and over the epigastrium	1	
<b>NOTE: The evaluator asks “If you had proper placement, what would you expect to hear?”</b>		
Secures ET tube [may be verbalized]	1	
<b>TOTAL:</b>	<b>19</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilation for greater than 30 seconds at any time
- \_\_\_\_\_ Failed to take or verbalize body substance isolation precautions prior to venipuncture
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- \_\_\_\_\_ Failure to ventilate patient at rate of at least 12/minute
- \_\_\_\_\_ Failure to provide adequate volumes per ventilation [maximum 2 errors/minute permissible]
- \_\_\_\_\_ Failure to hyperventilate patient prior to intubation
- \_\_\_\_\_ Failure to successfully intubate within 3 attempts
- \_\_\_\_\_ Using teeth as a fulcrum
- \_\_\_\_\_ Failure to assure proper tube placement by auscultation bilaterally and over epigastrium
- \_\_\_\_\_ If used, stylette extends beyond end of ET tube
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form:**

**EVALUATION NOTES**

# INTRAVENOUS THERAPY

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Checks selected IV fluid for: <ul style="list-style-type: none"> <li>• Proper fluid (1 point)</li> <li>• Clarity (1 point)</li> </ul>	2	
Selects appropriate catheter	1	
Selects appropriate administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes/verbalizes Body Substance Isolation precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture <ul style="list-style-type: none"> <li>• Inserts stylette (1 point)</li> <li>• Notes or verbalizes flashback (1 point)</li> <li>• Occludes vein proximal to catheter (1 point)</li> <li>• Removes stylette (1 point)</li> <li>• Connects IV tubing to catheter (1 point)</li> </ul>	5	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Disposes/verbalizes disposal of needle in proper container	1	
<b>TOTAL:</b>	<b>21</b>	

## CRITICAL CRITERIA

- \_\_\_ Exceeded the 6 minute time limit in establishing a patent and properly adjusted IV
- \_\_\_ Failed to take or verbalize body substance isolation precautions prior to venipuncture
- \_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_ Any improper technique resulting in the potential for catheter shear or air embolism
- \_\_\_ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- \_\_\_ Failure to dispose/verbalize disposal of needle in proper container

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

# INTRAOSSEOUS LINE PLACEMENT

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Checks selected IV fluid for: <ul style="list-style-type: none"> <li>Proper fluid (1 point)</li> <li>Clarity (1 point)</li> </ul>	2	
Selects appropriate needle	1	
Selects appropriate administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before IO placement]	1	
Takes/verbalizes Body Substance Isolation precautions [prior to IO placement]	1	
Stabilizes leg	1	
Cleanses site appropriately	1	
Performs IO placement: <ul style="list-style-type: none"> <li>Performs proper needle placement directed away from the knee (1 point)</li> <li>Uses firm back and forth motion to pierce bony cortex (1 point)</li> <li>Removes stylette &amp; aspirates marrow contents for storage tube (1 point)</li> <li>Confirms intramedullary placement by instilling 10 cc of normal saline (1 point ) [Indicate NO Resistance]</li> <li>Connects IV tubing to IO needle (1 point)</li> </ul>	5	
Secures IO needle [tapes securely or verbalizes]	1	
Monitors the insertion site for signs of infiltration/fluid extravasation	1	
Adjusts flow rate as appropriate	1	
Disposes/verbalizes disposal of contaminated equipment in proper container	1	
<b>TOTAL:</b>	<b>19</b>	

## CRITICAL CRITERIA

- \_\_\_ Exceeded the 6 minute time limit in establishing a patent and properly adjusted IO
- \_\_\_ Failed to take or verbalize body substance isolation precautions prior to needle placement
- \_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_ Failure to monitors the insertion site for signs of infiltration/fluid extravasation
- \_\_\_ Failure to successfully establish IO within 3 attempts during 6 minute time limit
- \_\_\_ Failure to dispose/verbalize disposal of contaminated equipment in proper container

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

# NITROGLYCERIN ADMINISTRATION

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation	1	
Obtains history asking questions about onset, provocation, quality, radiation, severity, and shortness of breath	1	
Asks about allergies, medications, past oral intake, events leading to present illness	1	
Administers oxygen at 15 lpm by non-rebreather mask	1	
Obtains vital signs	1	
Contacts on-line or off-line medical control for authorization	1	
Checks medication for expiration date	1	
Places a tablet or sprays a single dose under tongue	1	
Reassesses patient's blood pressure	1	
Administers up to 3 doses every 3-5 minutes while chest pain is present and blood pressure remains above 100 mmHg	1	
Performs ongoing assessment, including asking about burning under the tongue, headache, stiff neck or reduction of symptoms	1	
Administers medication appropriately	1	
<b>TOTAL:</b>	12	

## CRITICAL CRITERIA:

- \_\_\_\_\_ Did not take or verbalize body substance isolation
- \_\_\_\_\_ Did not ask about allergies, medications, past oral intake, events leading to illness
- \_\_\_\_\_ Did not initiate appropriate oxygen therapy
- \_\_\_\_\_ Did not obtain vital signs
- \_\_\_\_\_ Did not contact on-line or off-line medical control for authorization
- \_\_\_\_\_ Did not check medication expiration date
- \_\_\_\_\_ Did not administer medication appropriately
- \_\_\_\_\_ Did not reassess patient's blood pressure
- \_\_\_\_\_ Did not perform ongoing assessment and monitor patient's response
- \_\_\_\_\_ Did not assess and treat the patient within 5 minute limit

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

## EPINEPHRINE AUTO-INJECTOR

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation	1	
Obtains vital signs	1	
Initiates oxygen at 15 lpm or by nasal cannula at 2-6 lpm if mask is not tolerated	1	
Contacts on-line or off-line medical control for authorization	1	
Checks medication for expiration date	1	
Removes safety cap from the injector	1	
Selects appropriate injection site (thigh or shoulder)	1	
Pushes injector firmly against site	1	
Holds injector against site for a minimum of ten (10) seconds	1	
Properly discards auto-injector	1	
Verbalizes monitoring the patient while transporting	1	
Administers medication in an appropriate manner	1	
<b>TOTAL:</b>	12	

### CRITICAL CRITERIA:

- \_\_\_ Did not take or verbalize body substance isolation
- \_\_\_ Did not initiate appropriate oxygen therapy
- \_\_\_ Did not contact on-line or off-line medical control for authorization
- \_\_\_ Did not check medication for expiration date
- \_\_\_ Did not use an appropriate injection site
- \_\_\_ Did not hold the injector against the site for a minimum of 10 seconds
- \_\_\_ Did not discard auto-injector into appropriate container
- \_\_\_ Did not administer medication in an appropriate manner
- \_\_\_ Did not assess and treat the patient within 5 minute limit

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

# ALBUTEROL THERAPY WITH AEROSOL INHALER

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation	1	
Obtains history asking questions about onset, provocation, quality, radiation, severity, and shortness of breath	1	
Asks about allergies, medications, past oral intake, events leading to present illness	1	
Administers oxygen at 15 lpm or by nasal cannula at 2-6 lpm if mask is not tolerated	1	
Obtains vital signs	1	
Contacts on-line or off-line medical control for authorization	1	
Checks medication for expiration date	1	
Administers medication appropriately	1	
Reassesses patient's shortness of breath	1	
Administers up to maximum dose while shortness of breath is present	1	
Verbalize placement of IV lifeline with normal saline/Ringer's lactate or 5% dextrose in water	1	
Performs ongoing assessment and monitors patient's response	1	
<b>TOTAL:</b>	12	

## CRITICAL CRITERIA:

- \_\_\_\_\_ Did not take or verbalize body substance isolation
- \_\_\_\_\_ Did not ask about allergies, medications, past oral intake, events leading to illness
- \_\_\_\_\_ Did not initiate appropriate oxygen therapy
- \_\_\_\_\_ Did not obtain vital signs
- \_\_\_\_\_ Did not contact on-line or off-line medical control for authorization
- \_\_\_\_\_ Did not check medication expiration date
- \_\_\_\_\_ Did not administer medication appropriately
- \_\_\_\_\_ Did not reassess patient's shortness of breath
- \_\_\_\_\_ Did not perform ongoing assessment and monitor patient's response
- \_\_\_\_\_ Did not assess and treat the patient within 5 minute limit

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

## ALBUTEROL THERAPY WITH NEBULIZER

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation	1	
Obtains history asking questions about onset, provocation, quality, radiation, severity, and shortness of breath	1	
Asks about allergies, medications, past oral intake, events leading to present illness	1	
Administers oxygen at 15 lpm or by nasal cannula at 2-6 lpm if mask is not tolerated	1	
Obtains vital signs	1	
Contacts on-line or off-line medical control for authorization	1	
Checks medication for expiration date	1	
Mixes and administers medication appropriately	1	
Adjusts oxygen flow to 4-6 lpm producing a steady, visible mist	1	
Reassesses patient's shortness of breath	1	
Administers up to maximum dose while shortness of breath is present	1	
Verbalize placement of IV lifeline with normal saline/Ringer's lactate or 5% dextrose in water	1	
Performs ongoing assessment and monitors patient's response	1	
<b>TOTAL:</b>	13	

### CRITICAL CRITERIA:

- \_\_\_\_\_ Did not take or verbalize body substance isolation
- \_\_\_\_\_ Did not ask about allergies, medications, past oral intake, events leading to illness
- \_\_\_\_\_ Did not initiate appropriate oxygen therapy
- \_\_\_\_\_ Did not obtain vital signs
- \_\_\_\_\_ Did not contact on-line or off-line medical control for authorization
- \_\_\_\_\_ Did not check medication expiration date
- \_\_\_\_\_ Did not mix and administers medication appropriately
- \_\_\_\_\_ Did not adjust oxygen flow to 4-6 lpm producing a steady, visible mist
- \_\_\_\_\_ Did not reassess patient's shortness of breath
- \_\_\_\_\_ Did not perform ongoing assessment and monitor patient's response
- \_\_\_\_\_ Did not assess and treat the patient within 5 minute limit

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

# INTRAVENOUS MEDICATION ADMINISTRATION

(For Use With D<sub>25</sub>/D<sub>50</sub> and Naloxone)

**NOTE: Student must complete Intravenous Therapy skill sheet prior to IV medication Administration. Check below if student did not establish a patent IV and do not evaluate these skills.**

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

**[ ] These skills cannot be evaluated because the student did not establish a patent IV.**

	Points Possible	Points Awarded
Asks for known allergies	1	
Contacts on-line or off-line medical control for authorization	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues infection control procedures	1	
Cleanses injection site (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow (pinches tubing)	1	
Administers correct dose at proper push rate	1	
Flushes tubing (runs wide open for a brief period)	1	
Adjusts drip rate to TKO (KVO)	1	
Disposes/verbalizes disposal of syringe and needle in proper container	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
<b>TOTAL:</b>	14	

## CRITICAL CRITERIA

- \_\_\_\_\_ Failure to begin administration of medication within 3 minute time limit
- \_\_\_\_\_ Failure to contact on-line or off-line medical control for authorization
- \_\_\_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_\_\_ Failure to adequately dispel air resulting in potential for air embolism
- \_\_\_\_\_ Injects improper medication or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
- \_\_\_\_\_ Failure to flush IV tubing after injecting medication
- \_\_\_\_\_ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**

**EVALUATION NOTES**

# INDIVIDUAL COMPREHENSIVE END OF COURSE EVALUATION

## MEDICAL SCENARIO

**Scenario development:** A realistic medical field scenario should be developed by the instructor using medical interventions identified during the EMT-Intermediate course.

**Student:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

SKILLS OBSERVED	PERFORMANCE COMMENTS
Scene Size-Up	
Initial Assessment	
Focused History & Physical Examination & Rapid Transport	
Detailed Physical Examination	
Emergency Medical Care	
Vital Sign Assessment	
Transport appropriate to local protocols, procedures	

**Remediation and repeat of station may be necessary if evaluator determines poor performance. You must factually document your rationale for unsuccessful completion on the reverse side of this form.**

**EVALUATION NOTES**

# INDIVIDUAL COMPREHENSIVE END OF COURSE EVALUATION

## TRAUMA SCENARIO

**Scenario development:** A realistic trauma field scenario should be developed by the instructor using trauma interventions identified during the EMT-Intermediate course.

**Student:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_

Skill Observed	Performance Comments
Scene Size-Up	
Initial Assessment	
Focused History & Physical Examination & Rapid Transport	
Detailed Physical Examination	
Emergency Medical Care	
Vital Sign Assessment	
Transport appropriate to local protocols, procedures and Trauma Triage Tool.	

**Remediation and repeat of station may be necessary if evaluator determines poor performance. You must factually document your rationale for unsuccessful completion on the reverse side of this form.**

**EVALUATION NOTES**

**EMT-INTERMEDIATE COURSE  
PRACTICAL SKILL EVALUATION AND  
COMPREHENSIVE END OF COURSE EVALUATION SUMMARY SHEET**

**Student Name:** \_\_\_\_\_

Lesson Number	Page Number	Practical Skill	S	U	Instructor or MPD Signature and Date
2-2	H-7	Patient Assessment – Medical			
2-2	H-9	Patient Assessment – Trauma			
2-4 ILS Only <b>OR</b>	H-11	Multi-lumen Airways			
2-5 AW & ILS/AW Only	H-11	Multi-lumen Airways			
	H-13	ET Tube Placement			
2-6	H-9	Patient Assessment – Trauma			
2-7 IV, ILS & ILS/AW Only	H-15	Intravenous Therapy			
2-7 IV, ILS & ILS/AW Only	H-17	Intraosseous line Placement			
3-1	H-19	Nitroglycerin Administration			
3-1	H-21	Epinephrine Auto-Injector			
3-1	H-23	Albuterol Therapy with Aerosol Inhaler			
3-1	H-25	Albuterol Therapy with Nebulizer			
3-1	H-15 & H-27 (As a set)	Intravenous Therapy  Intravenous Medication Administration (for use with D <sub>25</sub> /D <sub>50</sub> and Naloxone)			
3-2	H-7	Patient Assessment – Medical			
3-3	H-7	Patient Assessment – Medical			
End of Course	H-29	Individual Comprehensive End of Course Evaluation - MEDICAL			
End of Course	H-31	Individual Comprehensive End of Course Evaluation - TRAUMA			

**EVALUATION NOTES**

## EMT-I COURSE PRACTICAL SKILL EVALUATION SHEETS

### Required Scores for Successful Completion

Lesson Number	Practical Skill Sheet Page Number	Practical Skill	Points Possible	Points Required to Successfully Complete Practical Skill
2-2	H-7	Patient Assessment - Medical	34	28
	H-9	Patient Assessment - Trauma	46	37
2-4 ILS Techs ONLY	H-11	Multi-lumen Airways	20	16
2-5 AW Techs & ILS/AW Techs ONLY	H-11	Multi-lumen Airways	20	16
	H-13	ET Tube Placement	19	16
2-6	H-9	Patient Assessment - Trauma	46	37
2-7 IV, ILS & ILS/AW Techs Only	H-15	Intravenous Therapy	21	17
	H-17	Intraosseous line Placement	19	16
3-1	H-19	Nitroglycerin Administration	12	10
	H-21	Epinephrine Auto-Injector	12	10
	H-23	Albuterol Therapy with Aerosol Inhaler	12	10
	H-25	Albuterol Therapy with Nebulizer	13	11
	(As a set) H-15	Intravenous Therapy	H-15 – 21	H-15 – 17
	& H-27	Intravenous Medication Administration (for use with D <sub>25</sub> /D <sub>50</sub> and Naloxone)	H-27 – 14	H-27 – 12
3-2	H-7	Patient Assessment - Medical	33	27
3-3	H-7	Patient Assessment - Medical	33	27

**NOTE: A check mark in the Critical Criteria section of any of the above skills is a failure of the station regardless of the points attained.**



